

Control Number: _____

(for Budget Office use only)

FY 2004 Reimbursable Agreement/TWA Acceptance Data Sheet

[Enter only starred (*) information for Temporary Work Authority (TWA) or CFO Certification]

*Reimbursable Agreement or TWA Number: _____

RA Modification Number: _____

*Agreement or TWA Amount: \$ _____

Mod Amount: \$ _____

Legal Authority is 42 USC 4222: Y or N
(circle one)

Economy Act Order Y or N
(circle one)

*Dates: Order _____

Accepted _____

Termination _____

*Period of Performance _____ to _____

Renewal restrictions (if any): _____

*Customer Information:

*Customer Name: _____

Billing Contact Name: _____

*Phone Number: _____

*Program Contact Name: _____

*Phone Number: _____

*Customer Type: ☐ Federal Agency
(check one)

☐ Foreign - Commercial

☐ Commercial

☐ Foreign - Government

☐ State/Local Government

Acceptance Address: _____

Billing Address: _____

Financial Reporting Address (if applicable):
